

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)	10/018283			
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL	1						TOTAL IND.			
TOTAL	26						TOTAL DEP.			
TOTAL CLAIMS	27						TOTAL CLAIMS			

F-1360 (3-75)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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